

WEST VIRGINIA INSURANCE COMMISSION
INSURER RATE FILING
ADOPTION OF RATING ORGANIZATION ADVISORY PROSPECTIVE LOSS COSTS
REFERENCE FILING FORM

PART I. GENERAL INFORMATION

1. INSURER NAME: _____

ADDRESS: _____

GROUP: _____

2. INSURER NAIC # _____

3. LINE OF INSURANCE _____

4. RATING ORGANIZATION _____
LOSS COST REFERENCE FILING # _____

The above insurer hereby declares that it is a participant of the named rating organization. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustments specified below.

5. CURRENT LOSS COST MULTIPLIER _____

6. PROPOSED LOSS COST MULTIPLIER _____

If you are proposing to make a change to your current multiplier, you must submit an explanation and justification which supports the proposed change.

7. AMOUNT OF CHANGE DUE TO ADOPTION ONLY	_____	%
AMOUNT OF CHANGE DUE TO MULTIPLIER CHANGE	_____	%
PROPOSED OVERALL CHANGE	_____	%

8. PROPOSED EFFECTIVE DATE FOR THIS FILING _____

9. AMOUNT OF OVERALL PRIOR RATE CHANGE _____ %

EFFECTIVE DATE OF PRIOR RATE CHANGE _____

LOSS COST REFERENCE FILING # OF PRIOR CHANGE _____

10. NUMBER OF POLICYHOLDERS AFFECTED BY THIS PROPOSAL _____

The insurer hereby requests that its loss costs adjustment be applicable to future revisions of the rating organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the rating organization's loss costs and the insurer's loss cost adjustments. The rates will apply to policies written on or after the effective date of the rating organization's prospective loss costs. This authorization is effective until amended or withdrawn by the insurer, except for Loss Cost Modifications are renewable annually.

PART II. PRICING INFORMATION

A. INSURER LOSS COST MODIFICATION

SELECT ONE

☐ The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing without modification.

☐ The above insurer hereby files to adopt the prospective loss costs in the captioned Reference Document with the following modification(s). (Cite nature and percent deviation, and attach supporting data and /or rationale for the deviation

B. INSURER EXPENSE COMPONENT (Attach exhibit detailing insurer expense data/and or other supporting information. Use separate sheets if more than one set of expenses is to be used.)

a) Total Production Expense	_____ %
b) General Expense	_____ %
c) Taxes, Licenses & Fees	_____ %
d) Underwriting Profit and Contingencies	_____ %
e) Miscellaneous	_____ %
f) Investment Income	_____ %
g) TOTAL	_____ %

C. INSURER LOSS COST ADJUSTMENT MULTIPLIER (combination of Insurer Loss Cost Modification [A. Above] and Insurer Expense Component [B. Above]) Attach separate sheets if needed. _____

If the information is not available and the proposed adjustments are based on other than the above information, explain basis for development of adjustments.

D. INSURER EXPENSE CONSTANT (if applicable) _____

E. SIGNATURE _____

Name (Print) _____

Title _____

Company _____

Address _____

Telephone _____